



2024 Fall HVSA Expansion Letter of Intent to Apply

Instructions

Complete and submit via email to home.visiting@dcyf.wa.gov by **noon PT October 25, 2024**.
All applicants **MUST** submit a Letter of Intent to Apply in order to be considered for funding in this opportunity.

Organization Name _____

Organization Contact

Home Visiting Program Name: _____

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number (including area code): _____

Funding Opportunity you intend to apply for: Expansion

Program Model

(Please select one)

Early Head Start-Home Based

Early Steps to School Success

Family Spirit

Nurse Family Partnership

Outreach Doula

Parents as Teachers

ParentChild+

STEEP

Anticipated Service Scope

Proposed County(ies) to be Served: _____

Proposed number of families to be served (# of slots) _____

***Note this may not exceed the standard caseload of 1 FTE home visitor per DCYF and model standard; see attached reference table on next page

Reference: DCYF Standardized Caseloads and Staffing Ratios

Program Model	Full Time Employee	Caseload/Staffing Ratios
Family Spirit	1 Health Educator: 1 Supervisor:	14 families 5 Health Educators
ParentChild+	1 Early Learning Specialist: 1 Coordinator:	13 enrolled families 3 Early Learning Specialists
Outreach Doula	1 Community Based Outreach Doula (CBOD): 1 Supervisor:	13 enrolled families 4 Doulas
Parents As Teachers (PAT)	1 Parent Educator: 1 PAT Supervisor:	18 enrolled families 6 PAT Educators
Nurse Family Partnership (NFP)	1 Nurse Home Visitor: 1 NFP Supervisor:	21 enrolled families 8 Nurse Home Visitors
Early Head Start-Home Based (EHS)	Not yet established	
Easy Steps to School Success (ESSS)	Not yet established	
Steps Towards Effective Enjoyable Parenting (STEEP)	Not yet established	